

# **DIGNITY AND HUMAN ENHANCEMENT**

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## **I. Introduction: The Threat to Human Dignity**

Advances in biotechnology and medicine have produced enormous benefits for humankind. The use of technology has enabled humans to overcome many of the diseases and debilitating medical conditions that caused life to be shorter and more painful in the past. Given that the use of technology helped us to achieve the quality of life we enjoy today, one might think that modern technologies that enhance human functioning could promise even further benefits. Humans with enhanced capabilities, freed of many of the human frailties we still experience, should flourish and lead lives with even higher levels of human dignity. However, when the concept of human dignity is raised in discussions of technologies that enhance human functioning, it is usually in order to caution others against using technology to achieve such goals.

It is the purpose of this paper to analyze the concept of human dignity as it functions in concerns about the use of technology to alter the human body. Despite the fact that the use of biotechnology has greatly improved our quality of life, it is still necessary to take precaution when pursuing new technologies in order to ensure that their expected benefits outweigh their risks. However, in recognizing that caution must be taken against the potentially harmful consequences that may result if we pursue technology unconditionally, equal caution must be taken so that we do not hold back from achieving future benefits due to unwarranted fears. It is the aim of this paper to analyze the concern that the use of technology to alter the human body is a threat to human dignity in order to determine whether or not it is in fact a warranted fear.

To examine whether human-enhancing technologies pose a threat to human dignity, I will focus on two works that are paradigmatic of what we might call ‘the

dignity debate’ concerning human enhancement technologies. The first work is The President’s Council on Bioethics’ report *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (BT). The second work is Leon Kass’ book *Life, Liberty and the Defense of Dignity*. In both works, it is stressed that using technologies to create certain enhancements poses a threat to human dignity. To briefly illustrate, the President’s Council raises the concern by asking, “As we discover new and better ways to “improve” our given bodies, minds and performance, are we changing or compromising the dignity of human activity?” (BT, 105). Similarly, in reference to certain uses of biotechnology Kass states:

Profoundly should we hope and pray that the recent shocking reminder [9/11] of the vulnerability of all things human, and the recent stirring display of the dignity of ordinary human heroes, will encourage us to come to dignity’s defense also against the seductive temptations of a posthuman future (Kass, 21-22).

As seen in the two aforementioned quotes, the concern that biotechnology poses a threat to human dignity is, according to both Kass and the Council, a matter worth considering. It is precisely because of the emphasis they place on human dignity that these two works will be the central focus of this paper. Additionally, the concerns raised in these two works will be closely examined because of their potential to exert a significant influence on society. If the concerns that are raised are taken seriously by both the public and those responsible for creating public policy, they could have a substantial impact on the approach taken towards the development of future technologies. Given this potential, it is important that the concerns be evaluated in order to ensure that they are legitimate and not simply the result of irrational fears.

It should be noted before we proceed that the intention of the President’s Council in writing its report was not to provide airtight arguments against using certain

enhancements; rather its goal was simply to raise potential concerns in order to guide future thinking (BT, 22-23). This being the case, a critique of the report may appear premature. However, although the Council does not provide in-depth arguments against using certain enhancements, it does provide considerations intended to demonstrate the legitimacy of the concerns they raise. It is appropriate, then, to examine whether these considerations do, in fact, support the concerns in question.

## **II. Therapy versus Enhancement**

### **II.A. The Distinction between Therapy and Enhancement**

In order to understand the topic under investigation, we first need to take a closer look at the contrast between therapy and enhancement and the role that the distinction plays in the present discussion. When most people use the term ‘therapy’ they are presumably referring to an instance in which an intervention takes place, the goal of which is to restore or raise a person to normal degree of health. Conversely, the term ‘enhancement’ as it relates to alterations of the human body is usually taken to refer to those alterations that raise the individual above what is considered to be normal. It is not taken to refer to the restoration of the individual to normal health. The Council offers the following distinction between therapy and enhancement as being a useful starting place for the discussion:

“Therapy” on this view as in common understanding, is the use of biotechnical power to treat individuals with known diseases, disabilities, or impairments, in an attempt to restore them to a normal state of health and fitness. “Enhancement,” by contrast, is the directed use of biotechnical power to alter, by direct intervention, not disease processes, but the “normal” workings of the human body and psyche, to augment or improve their native capacities and performances (BT, 13).

On the surface, the distinction between therapy and enhancement seems to be useful for capturing people’s intuitions about which technological interventions are likely

to be acceptable and which are questionable. For example, *chemotherapy* is usually considered to be a therapy and is also considered in most cases to be a morally acceptable use of technology to alter the human body. In contrast, the use of steroids to improve one's athletic ability is considered by most to be an enhancement, and in addition is considered by many people to be a morally questionable use of technology. In this way, the distinction between therapy and enhancement appears to be useful for categorizing those uses of technology to alter the human body that are intuitively acceptable versus those that are intuitively questionable.

However, upon further analysis it turns out that the boundary between what counts as therapy and what counts as enhancement is not quite as clear as it first looks. There are cases at either end of the therapy/enhancement spectrum, such as chemotherapy and the use of steroids to improve one's athletic ability, which most people would agree fit easily into one of the two categories. At the same time there are cases that cannot be so easily categorized. Consider an instance of laser eye surgery in which an elderly individual who, due to the natural aging process, has his less than perfect eyesight restored to 20/20. On the one hand, this particular use of technology looks like it should be considered a therapy since it is merely restoring the individual's eyes to what was once his normal level of functioning. On the other hand, it is also normal for eye functioning to diminish as a result of the natural aging process, in which case laser eye surgery could also be considered an enhancement since it is raising that individual's functioning above what is normal for that age.

## **II.B. The Trouble with Determining Normalcy**

The discrepancy in this example, which is symptomatic of the therapy versus enhancement distinction in general, is that the distinction rests on the imprecise notion of what counts as normal human functioning. In recognizing this problem, the Council points out that it is extremely difficult to say what counts as being normally healthy (both mentally and physically) and similarly it is difficult to determine what counts as being impaired such that a technological intervention can be considered therapeutic versus being an enhancement (BT, 15).

Some might say that what counts as normal is just the statistical mean of the entire human population, but as the Council points out, using the statistical mean to determine what can be considered normal, and thus what can be considered therapy versus enhancement, turns out to be problematic. One problem with adopting the statistical mean as an indicator of when it is acceptable to use technological interventions to improve human functioning is that it causes us to either break the link between therapy and disease such that not all curing of diseases would be called therapy, or it causes us to deny the conceptual possibility of a “universal disease” – a disease the entire population has. Why this is problematic is illustrated below.

It seems clear that we would want to commit ourselves to classifying those technological interventions used to cure diseases as being therapies. Diseases presumably cause people to fall below (or even further below) normal human functioning, and to cure people of diseases is to return them to normal functioning (or at least closer to it). Technology used for the purpose of curing diseases looks to be the epitome of what we consider therapy, and it would seem odd if using technology to cure a disease, such as

AIDS, was considered not to be a therapy. What is less clear is why, if we were committed to classifying every use of technology to help cure diseases as being a therapy, that we would simultaneously be committed to rejecting the conceptual possibility of a “universal disease.”

In order to clarify the matter, consider the possibility of there being a “universal disease.” It certainly seems conceptually possible that everyone in the world could have the same disease, for example the avian-flu. However, if every human in the world did have the avian-flu then it would be considered normal, according to the statistical mean of the population, for a person to have it. Thus, it would be considered an enhancement and not a therapy to cure a person of the avian-flu, since to do so would raise their level of functioning above the mean. Now, in order to remain consistent with our prior commitment to classifying every use of technology to cure a disease as a being a therapy, we would have to say in instances of “universal diseases” like the avian-flu that since it is normal for everyone to have it, that it is not actually a disease because if it was then it would be therapy to cure someone of it. Using the statistical mean to determine normalcy turns out to be problematic, therefore, because it prevents us from being able to commit ourselves to classifying all uses of technology to cure diseases as being therapies and to the conceptual possibility of “universal diseases,” which is something we should be able to do.

To avoid this problem, one could say that the population for which the statistical mean is calculated should not merely be made up of those humans presently alive, but rather should consist of all humans both past and present. This would enable us to avoid the previously mentioned problem by allowing for the conceptual possibility of a

universal disease while at the same time permitting us to remain committed to classifying all uses of technology to cure diseases as being therapies. By using the larger population, even if everyone presently living were to contract the same disease the overall mean for normal human functioning would remain higher than that for the population of just those that are currently alive. Consequently it would still be considered a therapy to cure people of the universal disease.

Although the abovementioned problem seems to be avoided by using the larger population, the use of a population that includes humans from the past actually causes even more problems than it solves. Consider what would be statistically normal in terms of oral health. Severe tooth decay and gum disease would most likely be the statistical norm if we were to take into account all humans from throughout history. Therefore, it would not be considered therapy, but enhancement for a person living today to have their gum disease cured and cavities fixed. Indeed, if what was normal was in fact determined by taking in to account all the humans that have ever existed it would probably turn out that many of the uses of technology that we classify as therapies would have to reclassified as being enhancements. Hence, determining the statistical mean from this larger population is as equally problematic as using the population of those humans currently alive, and places us in no better position for determining what counts as normal.

Another reason the Council provides for the statistical mean being problematic for determining normalcy is that there is considerable difficulty in justifying the claim that those below the mean should be considered disadvantaged such that they are allowed to use technological interventions, which in this case would be considered therapies, to raise them to the mean, but that those at the mean should not be considered disadvantaged and



therefore should not be allowed to use similar technological interventions to raise their functioning since those uses of technological interventions would be considered enhancements. Those at the mean could also be considered to be disadvantaged when compared to those above the mean, and thus might claim that it is equally acceptable for them to use the same technological interventions despite whether one considers them to be therapies or enhancements.

An even stronger criticism of using the statistical mean in order to judge what is normal is realized once one considers what would actually happen if this approach was taken. If everyone below the mean level of human functioning were brought up to that level, a new and higher mean would be established and all those previously thought to be normal would then actually be below the new mean. In fact, every time new individuals were brought up to the current mean, a new and higher mean would be established and those at the old mean would then be considered disadvantaged. This situation would not be resolved until all individuals were at the functioning level of the highest individual, which is surely not the desired consequence. Indeed it seems that many would consider it questionable to use technology to raise everyone's mental functioning level to that of geniuses and everyone's physical functioning level to that of Olympic athletes.

This problem, which we will call the problem of the meandering mean, can also be seen if one considers what would happen if a large portion of the population were killed, thus shifting the mean. To illustrate, imagine that a significant number of individuals that were below the mean level of human functioning were killed in a natural disaster of some kind. The result would be that the mean would shift so as to be higher, and some individuals that were previously above the mean would then all of a sudden be

below it. In an instant, what counted as a therapy for an individual would change to become an enhancement. The problem with this is that it looks like the mean is too arbitrary of an indicator of what is normal and consequently is not adequate for distinguishing between what counts as a therapy and what counts as an enhancement.

To further illustrate, another consequence of using the statistical mean to determine what is normal is that if someone above the mean were to suffer a debilitating disease that decreased their functioning, but not so much that their functioning fell below the mean, any intervention that sought to restore their functioning to its previous level would be considered an enhancement and not a therapy. It seems most people would view this type of intervention as a therapy because it is restoring the individual's functioning to what was previously normal for that individual.

Yet, providing this kind of argument seems to advocate an individual baseline for normalcy, which is also highly problematic. Without going into great depth, one could see how an individual baseline for normalcy would be problematic when one considers those born with what most would call less than 'normal' functioning. For example, the individual baselines in cases where children are born deaf, and therefore what would be considered normal for them, is to not be able to hear, and it would be an enhancement, not a therapy, to alter their functioning so that they could hear. Of course most people would consider it a therapy to use technology to help a deaf child to be able to hear, so maybe what they have in mind is not what is individually normal, but rather a kind of normalcy based on what they think the normal functioning of humans should be.

Most people have an idea of how a normal human should function, and perhaps that idea is what guides their assessment of what is normal. This seems like the most

plausible explanation of how normalcy is gauged in most people's minds, and it looks like it might be the basis for people's intuitions about which uses of technology are therapy and which are enhancement. But upon what does the notion of how a normal human should function rest? Is it based upon how people think our species was designed to function? Although people do have intuitions about normal human functioning and about what counts as therapy versus enhancement, it looks like people's intuitions are just as arbitrary as using a statistical mean.

In light of the problematic nature of determining what counts as normal, on which the therapy/enhancement distinction hinges, the Council admits that, "Although the distinction between therapy and enhancement is a fitting beginning and useful shorthand for calling attention to the problem (and although we shall from time to time make use of it ourselves), it is finally inadequate to the moral analysis" (BT, 14). Despite the fact that the Council remains comfortable using the terms 'therapy' and 'enhancement' to refer to various uses of technology, due to the unavoidably normative nature of the terms, for the remainder of this paper the term 'alteration' will be used instead to refer to those uses of technology that modify the human body.

It is acknowledged that some might be concerned about the term 'alteration' being too general for the purposes of this discussion. There are many instances in which some form of technology assists in altering the human body, such as when a person cuts their finger with a knife, that would seem to be included if the term 'alteration' were used in its most general sense. However, in this paper a more restricted version of the term 'alteration' will be used. The term 'alteration' will be used to refer to any use of technology to modify the human body or human functioning with the intention of that

modification being an improvement. The terms ‘therapy’ and ‘enhancement’ were also used to refer to those uses of technology to modify the human body with the intention of the modification being an improvement, however, those who used the terms sought to divide those intended improvements into two morally distinct classes. As was demonstrated above, that distinction turns out to be extremely difficult to make and to justify. By using the term ‘alteration’ to refer to the entire class of those uses of technology to modify the human body with the intention of improving it or its functioning, the same uses of technology can be referred to without the references having any normative connotations.

### **III. The Benefit of Adopting a Macroscopic Perspective**

Believing that the distinction between therapy and enhancements is insufficient for moral analysis, both the Council and Kass turn to the possible consequences of using specific biotechnologies to alter human capacities in order to identify areas of possible concern. Here are some of the types of alterations the Council and Kass are concerned with: the use of genetic engineering to create “better” children; the use of psychotropic drugs to improve cognition and memory; the use of biotechnology to create enhanced muscles; and using biotechnology to extend the human lifespan (BT, 21-22).

As the Council emphasizes in its report, although it may be important to examine the specific effects that each type of alteration creates, it is perhaps more advantageous to look at the bigger picture in terms of the effects that the widespread use of technology to create alterations may have on society (BT, 275-276). After all, it is not the technologies themselves that are potentially threatening, but the uses to which we put them in pursuit of our larger goals. Similarly, it may not be clear from each particular type of alteration

that undesired consequences might follow. Most types of alterations — and certainly most of those that are voluntarily chosen by the subject — appear at first glance to significantly benefit those individuals who choose to pursue them. For example, the ability to allow people to live beyond the current maximum human lifespan looks to be hugely beneficial to the individuals who are granted those extra years. Viewed in isolation, each type of alteration may look beneficial, yet when a more integrative and macroscopic view is taken that might not turn out to be the case.

As has been demonstrated in the Prisoner' Dilemma, it is possible for every individual to make decisions based on his or her own rational self-interest, the product of which might nevertheless be an outcome that is collectively irrational. For instance, it may be in a baseball player's rational self-interest to use steroids, assuming that the relative advantage the athlete would gain over the other players would outweigh the negative impact the steroid use would have on that player's health. However, if every player or even a large number of players used steroids, then no relative advantage would be gained. Additionally, all those players on steroids would suffer the negative health effects associated with steroid use and would end up being worse off than they were before they took the steroids.

However, even if the players were made aware of the sub-optimal outcome that would result if a large number of them were to take steroids, it would remain in each individual player's self-interest to take steroids because if a player chose not to, and other player's went ahead and used steroids anyway, then the player who chose not to would be at a significant disadvantage in terms of his playing ability. It would be rational for each player to use steroids despite the sub-optimal outcome that would result if a large number

of players did because the result of a player not using steroids, given that other players do, would be that that player would be at a severe disadvantage in terms of playing ability and might suffer a pay cut or even lose his job altogether.

Relating back to the use of technology to alter the human body, what this example is meant to demonstrate is that if a microscopic view is taken it might look like each particular use of technology to create alterations is beneficial and in each individual's rational self-interest, but the overall outcome may be sub-optimal if too many people pursue such alterations. The predicted harm may ultimately result from the emergent properties of the widespread use of the technology and not from each particular use in and of itself.

For this reason, the point of view that the Council adopts in order to identify areas of concern is the more integrative and macroscopic view, which is chosen in order to better analyze the impact that widespread uses of technology to create alterations will have on society as a whole. Additionally, the Council chooses to evaluate the topic in terms of the effects that technologically facilitated alterations have on our desires and goals as well as the consequences that the uses of technology to create alteration will have when used to satisfy those desires and goals. The Council states that, "By structuring the inquiry around the desires and goals of human beings, we adopt the perspective of human experience and human aspiration, rather than the perspective of technique and power" (BT, 21). In other words, by structuring their inquiry around the desires and goals of human beings, they can better examine the impact that the widespread uses of technologically facilitated alterations will have on our current way of life.

Concerns about the potential effects of alterations are commonly raised with respect to their widespread uses because it is at this level that ethical issues emerge. This paper will address the concerns that are raised at this level as well; however, caution needs to be taken in order to avoid false universalizations that would distract us from the task at hand. Although there are many legitimate concerns that arise with respect to the potential consequences of the widespread use of alterations, not all alterations are likely to become widespread. Before considering the potential harms, one should consider both the feasibility and the likelihood that a particular alteration is going to be used by a significant number of individuals. For example, in relation to *in vitro* fertilization, it seems fair to ask, taking into account its cost and the appeal of reproduction through sexual intercourse, whether or not it is likely to be used by a significant proportion of the population. The point is that while there may be ethical issues that would arise *if* a particular alteration were to become widespread it is not always the case that widespread use is feasible or likely. The likelihood of a particular consequence is a vital element that needs to be considered when conducting a moral cost/benefit analysis, and if it turns out that a particular outcome is highly unlikely it should be given significantly less weight or be discounted when making a decision based on that analysis.

It should also be mentioned that not all of the ethical issues that arise due to the widespread use of alterations pertain to human dignity. It does not follow that just because there are legitimate concerns related to an alteration's widespread use that it necessarily is a threat to human dignity. To provide a concrete example, it may be the case that the widespread use of alterations to extend the human lifespan would have harmful consequences such as contributing to overpopulation. This is a legitimate

concern, but it is not obviously the case that its widespread use would be a threat to human dignity. As was mentioned in the preceding paragraph, the goal here is not to distinguish in every instance which consequences might threaten human dignity and which are unrelated, rather it is merely to make explicit some of the issues that may serve as distractions.

#### **IV. Human Dignity**

##### **IV.A. What Does ‘Dignity’ Mean?**

At this point I turn to the concept of dignity, and its function in arguments about human alterations, in order to clarify what is meant when one claims that a particular alteration would violate or lessen human dignity. This discussion equally applies to instances when the concept of dignity is used in order to support the claim that a particular alteration would increase human dignity, but since the concept is most commonly used in terms of it being violated or lessened, I will focus my analysis on arguments that use it in that way.

As Kass points out, “The first trouble with ‘dignity’ is that it is an abstraction, and a soft one at that” (Kass, 15). He goes on to say that “harm” is also an abstraction, but that, “[d]ignity’ is much more elusive, so much so that many in the field of bioethics mock it or treat it as merely ‘symbolic’ value – meaning that it has no concrete reality.” Taking Kass’ comment to heart, it is the intention in this paper not to mock the concept of dignity, but rather to consider the concept seriously in order to discover if it does in fact lend any assistance in determining whether or not to pursue certain human alterations.

It should be pointed out that in the context of debates about alterations it is not the concept of ‘dignity’ that is most often invoked, but rather the concept of ‘human dignity.’



In pursuing certain alterations, concerns about human dignity are often encased within another concern which is that creating such alterations would make us inhuman or would be dehumanizing in some way. The Council expresses this exact concern by saying that:

If there are essential reasons to be concerned about these activities, and where they may lead us, we sense that it may have something to do with challenges to what is naturally human, what is humanly dignified, or to the attitudes that show proper respect for what is naturally and dignifiedly human (BT, 286).

This concern raises the question of whether or not there is such a thing as a distinctly human dignity, and if there is, why is it that humans are capable of possessing it, but not other species. For if it turns out that the type of dignity in question is not specific to humans, then it may be the case that certain alterations make us less than (or more than) human, but that would not necessarily mean that such alterations would be a threat to our dignity.

#### **IV.B. Problems with Defending a Specifically Human Form of Dignity**

It is difficult to see how there could be such a thing as ‘human dignity’ in the sense that humans are afforded this dignity because of their distinct biological make-up. It appears that a claim such as this would be an example of what Hugh LaFollette and Niall Shanks in their essay *The Origin of Speciesism* call ‘bare speciesism.’ Bare speciesism relies on the claim that there are biological differences between species, and the claim that these biological differences are morally relevant. As LaFollette and Shanks point out, however, bare speciesism is indefensible for several reasons, the first of which is because it is not possible to show how a mere biological divide is in fact morally relevant. In the way that bare speciesism applies to our investigation of human dignity, it would have to be demonstrated why the biological divide between humans and other

species is morally relevant and why the divide confers a special kind of dignity to humans.

One of the primary reasons that LaFollette and Shanks give for the indefensibility of bare speciesism is that it is not possible for an advocate of bare speciesism to convincingly show how the biological divide between species is morally relevant compared to other broader or narrower divides. As LaFollette and Shanks put it, “Why should our primary classification (whatever that means) be our species rather than biological class (mammals), biological order (primates), sub-species distinctions (race), or cross-species distinctions (gender)?” As they also point out, “To say we are humans (rather than dogs or ducks) is just to say that we are members of a ‘group or population of animals potentially capable of interbreeding.’

To say that we are humans in the purely biological sense, and that we possess a human dignity solely based on our biological classification does indeed appear to be indefensible. However, I do not want to dwell on this particular objection to human dignity for any longer, since I do not believe that it is what most individuals mean when they speak of human dignity. In response to the objection of bare speciesism, I think that most users of the term ‘human dignity’ would say that they were not referring to a dignity that humans possess because of their biological classification, but rather they would claim that they were referring to a dignity that humans possess because of some other characteristic of humans that is contingently connected to our species membership.

The most obvious candidate for a morally relevant difference between humans and other species would be cognitive capacity. Perhaps Kass and the Council are referring to a human dignity that is afforded to us because of our existence as rational

beings. Maybe Kass and the Council are using human dignity in the Kantian sense, which would mean that all persons are worthy of respect and dignity such that they should always be treated as ends in themselves, and never as the means to an end.

In order to determine whether or not Kass and the Council are referring to human dignity in the Kantian sense let us look at what Kant says in *The Doctrine of Virtue*.

Regarding human dignity, Kant says:

But man regarded as a person - that is, as the subject of morally practical reason - is exalted above any price; for as such he is not to be valued as a mere means to an ends of others or even to his own ends, but as an end in himself. He possesses, in other words, a *dignity* (an absolute inner worth) by which he exacts *respect* for himself from all other rational beings in the world: He can measure himself with every other being of this kind and value himself on footing of equality with them...Autonomy then is the basis of dignity of human and of every rational nature.

Kant roots his sense of human dignity in a person's ability to act as a free moral agent, and it is precisely because of the emphasis that Kant places on freedom and reason that most individuals opposed to pursuing certain alterations shy away from using the term 'human dignity' in the Kantian sense. If they were to use the Kantian sense of the term, then it would seem that many of the alterations that they raise concerns about would not violate human dignity at all, and in some cases would almost certainly strengthen or increase it.

Take for example alterations that one could choose in order to increase physical or mental performance such as using stimulants, blood doping or genetic engineering of muscles. Individuals who decided to pursue such alterations are not lessening their dignity in the Kantian sense since they retain their freedom and ability to reason. If anything, they have increased their freedom, since such alterations would allow them the

freedom to exercise their minds and bodies in ways that were not previously possible for them.

Although Kass recognizes Kant's account of human dignity as, "The most high minded attempt to supply a teaching of universal human dignity" (Kass, 16), he denies that it is in this sense that he is using the term. After praising Kant's attempt to explain 'human dignity,' Kass says, "Yet this view of human dignity is finally very inadequate, not because it is undemocratic but because it is, in an important respect, *inhuman*" (Kass, 17). Kass explains that he cannot accept the Kantian sense of human dignity because it places too much emphasis on a person's rational will, and because, "It fails to do justice to the concrete reality of our embodied lives" (Kass, 17).

In response to these types of alterations, the Council makes an interesting strategy shift, and begins talking not about the dignity of the individuals who pursue the alterations, but rather about the dignity of the individuals' performances once they have the alterations. The exact words of the Council are, "For it seems that some performance-enhancing agents, from stimulants to blood doping to genetic engineering of muscles, call into question the *dignity* of the performance of those who use them. The performance seems less real, less one's own, less worthy of our admiration" (BT, 140, emphasis added).

While it remains unclear what exactly makes the performances, "less real, less one's own, less worthy of our admiration," and therefore less dignified, it is very clear why opponents of certain alterations would not want to use human dignity in the Kantian sense. Such alterations look as though they are of little threat to Kantian human dignity, and if an opponent of such alterations were to use the term in this sense, then the claim

that human dignity is violated might backfire once the listener realizes that the alterations actually increased the person's freedom and capacity for rational action. It is because many alterations increase freedom and reason that opponents of alteration shy away from using human dignity in the Kantian sense. However, as Kass claims, "Not all of human dignity consists in reason or freedom" (Kass, 17), and so it is at this point that I would like to leave the Kantian sense of the term behind, despite its various merits, and turn to the type of dignity that Kass and the Council claim they endorse.

## **V. The Concept of Human Dignity Advocated by Kass and the Council**

### **V.A. Human Dignity Based on Something More than just Reason and Freedom**

The kind of human dignity that Kass and the Council claim they endorse is related not to reason and freedom, as we have just seen, but rather is to be found in our embodiment as human beings. As Kass puts it:

The account of *human* dignity we seek goes beyond the said dignity of "persons," to reflect and embrace the worthiness of embodied human life, and therewith of our natural desires and passions, our natural origins and attachments, our sentiments and aversions, our loves and longings...Like the downward pull of gravity without which the dancer cannot dance, the downward pull of bodily necessity and fate makes possible the dignified journey of a truly human life (Kass, 17-18).

Similarly, the Council advocates a human dignity that arises out of a "respect for the given" and a respect for what is "naturally human" (BT, 287 & 292). Both Kass and the Council think that there is something dignified about our existence as human beings that is not merely rooted in either our biological classification or in our existence as rational beings. As both Kass and the Council recognize, it is going to be difficult to defend this view, but nevertheless both Kass and the Council claim that this is the kind of human dignity that they are referring to when they raise the concern that certain alterations will violate or lessen it. Hence, to provide a fair hearing to the concerns raised

by Kass and the Council it is important to examine the concept of human dignity as they conceive of it, in order to determine whether or not the kind of human dignity they advocate lends any credence to their argument that this is a concern that should be taken into consideration when pursuing certain alterations.

It would be unfair to say that both Kass and the Council were naïve about the difficulty of defending the concept of human dignity that they claim to be referring to. Of their concern about using such alterations and the possibility that they would violate human dignity, the Council asks, “But can our disquiet at such prospects withstand rational, anthropological or ethical scrutiny?” (BT, 286). Their concern is warranted as we shall see in the following examination, and as it turns out, it does not look as though their particular conception of human dignity can withstand rational and ethical scrutiny.

Kass does one better than the Council, and even anticipates and explicitly states some of the objections that one might make in response to his claim that human dignity is to be found in the embodiment of human life. In his anticipation of such objections he says:

Sophisticated modern liberals will have a hard time with such a suggestion. What, they may well ask, is so dignified about our embodiment? [...] What is so dignified about being the product of chance rather than rational design? [...] What is so dignified about having a body that is subject to disease and decay? [...] What is so dignified about the fact that, thanks to this mortal coil of flesh, we must die leaving no earthly trace? (Kass, 18)

These are all excellent questions, and as we will see it is not obvious that Kass or the Council provide satisfactory answers to them.

### V.B. “The Myth of the Given” – Does the ‘Naturalness’ of Means Matter?<sup>1</sup>

Let us begin with the way in which the Council attempts to defend its conception of human dignity. As was already mentioned, the Council advocates an approach to human dignity in which there is a respect for “the given.” In beginning its argument the Council identifies what it needs to demonstrate by saying:

For only if there is a *human* “givenness,” or a given humanness, that is also good and worth respecting, either as we find it or as it could be perfected *without ceasing to be itself*, will the “given” serve as a *positive* guide for choosing what to alter and what to leave alone. Only if there is something precious in our given human nature – beyond the fact of its giftedness – can what is given guide us in resisting efforts that would degrade it. When it comes to human biotechnical engineering beyond therapy, only if there is something inherently good or dignified about say, natural procreation, the human life cycle (with its rhythm of rise and fall), and human erotic longing and striving ... only then can we begin to see why those aspects of our nature need to be defended against our deliberate redesign (BT, 289-290).

It should be pointed out that the Council fails to mention that in addition to showing that there is something inherently good or dignified in what is natural, it is also necessary for it to explain why there is something less good or something less dignified about what is unnatural or not “given.” It may be that there is something dignified about what is natural, but that does not exclude the possibility of there being even greater dignity or more good in what is not natural or not given. If the goal is to obtain the most dignity or choose the option that produces the most good, then the Council needs to show why it is that choosing what is not “given” is the worse option. In laying out what it needs to demonstrate, it looks like the Council underestimates the work it needs to do.

Putting this issue aside, the Council proceeds in its report to show that there is, indeed, something inherently good and dignified about being naturally human. The Council attempts to do this in several related ways. The first is by relying on people’s

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<sup>1</sup> The phrase “The Myth of the Given” is borrowed from Wilfred Sellars’s 1956 essay *Empiricism and the Philosophy of Mind*.

intuitions that there is be something important about the ends we try to achieve and the means by which we achieve them. The Council says that “[t]here is a sense in which the ‘naturalness’ of the means matters. It lies not in the fact that the assisting drugs and devices are artifacts, but in the danger of violating or deforming the nature of human agency and the dignity of the naturally human way of activity” (BT, 292).

This claim is problematic for several reasons, the first of which is that it is unclear what the Council means when it uses phrases such as “the nature of human agency” and “the naturally human way of activity.” The Council admits that it is not the mere fact that technology is artificial or man-made that is a threat to human dignity when it is used to create alterations, since there are many activities that are conducted with the assistance of man-made tools, for example chemotherapy, that are clearly artificial, but that would not be considered a threat to human dignity according to most. The use of tools and man-made artifacts seem in fact to be a key part of the “naturally human way of activity”, so artificiality in itself does not appear to be a threat to the dignity or the “naturally human way of activity” at all.

The Council does not say what counts as “the naturally human way of activity.” Is what counts as a “naturally human way of activity” simply what most people do or what is considered normal? No matter what answer is given the following question can then be asked: on what grounds is the natural way of human activity determined to be dignified? The question is significant because it is not clear what the connection is between what is natural and what is dignified. Thus, the Council appears to fall prey to the “myth of the given” in two important respects. The first is that it is extremely difficult to show that a human “givenness” even exists, and second it is notoriously difficult to justify the claim



that what is “given” or natural is of moral significance. The difficulty in both cases may be due to the possibility that it is a myth that there exists a human “givenness,” and that if it did exist it would have any moral significance. By trying to demonstrate that there is something dignified or good about what is “given” the Council invites the standard is/ought problem, the result of which is that it is highly unlikely that the Council will be able to sufficiently demonstrate that there is something dignified in what is “given” or natural.

The “myth of the given” and the is/ought problem are related to the objections already recognized by Kass, and despite the acknowledgement of the challenge the Council nevertheless fails to adequately address it and proceeds in saying that the dignity of the “naturally human way of activity” lies in our ability to, “[s]ense the relation between our doing and the resulting improvement, between the means used and the ends sought” (BT, 292).

The Council goes on to say that dignity would be violated because we would only be able to, “[a]t best *feel* ...[the alteration’s] effects *without understanding their meaning in human terms*” (BT, 292). The Council illustrates its point using the following example, “Thus, a drug that brightened our mood would alter us without our understanding how and why it did so whereas a mood brightened as a fitting response to the arrival of a loved one or to an achievement in one’s work, is perfectly, because humanly, intelligible” (BT, 292).

## **VI. Understanding the World in Human Terms**

### **VI.A. What Does it Mean to Understand the World in ‘Human Terms?’**

The Council argues that pursuing certain alterations would be a threat to human dignity because the effects of such alterations would not be intelligible in human terms. It claims that activities performed using alterations are less humanly dignified and that if the use of such alterations became widespread, “Human experience under biological intervention becomes increasingly mediated by unintelligible forces and vehicles, separated from the human significance of the activities so altered” (BT, 292).

It is difficult to decipher what the Council means when it refers to understanding the world in human terms, but the following quote helps to shed some light on the matter:

Still, in those areas of human life in which excellence has until now been achieved only by discipline and effort, the attainment of similar results by means of drugs, genetic engineering, or implanted devices looks to many people (including some Members of this Council) to be “cheating” or “cheap.” Many people believe that each person should work hard for his achievements (BT, 291).

Inferring from the above statement, it appears that by raising the concern that the use of technology to produce alterations will render the world less intelligible in human terms, what the Council means is that people will no longer have to put in the same effort and maintain the same degree of discipline in order to achieve their goals, the result of which will be that people will no longer be able to understand the relationship between their achievements and the role they played in obtaining them. The Council’s concern seems to be that people will become merely passive recipients of what used to be achievements, and that this passivity will undermine the “naturally human way of activity” and thus lessen human dignity.

There are two ways of understanding the Council’s concern, the first of which can easily be dismissed. On one reading, the Council’s concern could be understood as meaning that technologically facilitated alterations would make all of our current

activities effortless and thus leave us with nothing left to strive for. If the concern is understood in this way, it should be recognized that the likelihood of this occurring is extremely low. If history can be used as reliable indicator (and in this case I think it can) then the fear that using technology to create alterations will leave us with little to strive for is unwarranted. In the past there have been significant technological advancements, almost all of which have reduced the effort needed in one area of activity or another. Take transportation for instance. The fact that airplanes reduce the amount of effort needed to travel long distances has not reduced human striving. If anything, due to the invention of airplanes people now strive to see more during their lifetimes than they ever could before. Needless to say, the advancement of technology has by no means put us at a loss for things to strive for in today's day and age.

Moreover, on this interpretation of the Council's concern, there seems to be little justification for thinking that making some or even many of our current activities effortless would threaten human dignity. Technological advancements have over the course of history continually changed what we strive for, reducing the effort required in some activities and in turn creating new horizons for us to explore. To think that it would somehow lessen human dignity by reducing the effort needed in our current activities looks to be a naïve endorsement of the status quo, and this way of thinking suggests an unwarranted fear of change.

However, perhaps what the Council fears is not that human dignity will be undermined due to life becoming too easy, but rather that human dignity will be undermined if technology allows us to obtain the psychic rewards of accomplishment without actually accomplishing anything. Take for example, a young man who spends all

day every day lying on the couch watching TV. What if through the use of technology the young man could be made to feel, while he remained lying on the couch watching TV, the satisfaction of having accomplished something great? Imagine that through an alteration of his brain he could be made to feel like he had just accomplished some worthy feat when in fact he did nothing more than lie on the couch. It seems reasonable to say that there is less dignity in the life of the young man than there would have been had he achieved the psychic rewards of achievement by exerting some form of physical or mental effort. If this is the case, then perhaps upon another interpretation the Council's fears are in fact warranted.

The second and more plausible interpretation of the Council's concern is that by unconditionally pursuing the use of technology to create alterations we will reduce the effort, which we consider to be valuable, required in conducting certain activities and experiences and that by doing so we will lessen human dignity. At first glance this concern does appear to be legitimate, and reducing humans to mere automatons by allowing certain desires and goals to be satisfied through the passive receipt of technological alterations looks as though it would have what most would consider a negative impact on society. For example, many would consider there to be something wrong with a case in which a mother experiences the death of her child and then immediately takes a pill that relieves her grief and suffering so that she can avoid those negative feelings and continue on with her day. Our intuitions tell us that there is something valuable, especially in this instance, in experiencing and dealing with that grief, and to be able to skip over the process of dealing with it looks to be in some way cheap or less dignified.

However, just because it looks to be this way on the surface does not mean that upon reflection it turns out to be so. The attempt to explain why human dignity would be lessened if certain alterations reduced the amount of effort needed to endure certain experiences or achieve certain goals still leaves open the question as to whether or not there is something inherently dignified about viewing and understanding our experiences in human terms. It may be true that there is something advantageous to understanding certain experiences in human terms in order to make better predictions about how to act towards others. In the aforementioned example concerning the mother and her feeling of grief toward her dead child, it may be advantageous for her to experience and deal with her grief because doing so would allow her to better understand what it would be like if another one of her children died. This in turn would make it more likely that she would try harder to protect her other children so as not to have to repeat her experience of those painful emotions.

Yet, just because it would be advantageous and even natural for her to work through the grief, it does not mean that it would be less dignified if she chose not too. If the mother did choose to take the pill and avoid the grief, she would still be perfectly capable of understanding that her child died and that it would have been better if the child had not died. Similarly, if the mother chose to avoid the grief by taking a pill that erased the memory of the child's death altogether, it is not clear that she would possess less human dignity as a result. In the past, experiencing the grief was not really an option and therefore in order to give the experience value, other than the evolutionary advantage it confers on the mother by causing her to protect her other children, people would say that there was dignity in working through the grief. But the question arises as to whether there

really is something dignified about suffering through painful experiences or if assigning dignity to those experiences is simply an attempt to give them some redeeming quality in order to make them easier to endure? If one wishes to deny the latter of these two explanations, then an explanation needs to be given for why there is dignity in understanding our experiences in human terms and why it is that there is dignity in the “naturally human way of activity.”

In recognizing that intuitions about death, especially the death of children, are exceptionally strong, the following analogous example is offered in order to lend some credence to the possibility that although it may be advantageous for one reason or another, there might not be anything dignified about working through painful experiences. Consider the experience of physical pain that would result from grabbing a hot pot. The pain is advantageous because it causes the individual to let go of the pot and avoid severely burning her hand. Without the experience of pain, people would be far less capable of determining when they were experiencing bodily harm. Therefore, it looks like it would be disadvantageous to make it so that people did not experience pain.

Now imagine that it was possible to make it so that no one had to experience pain anymore and that everyone could have a sensor implanted that detected bodily harm. This sensor, upon detection of bodily harm, would automatically trigger the natural bodily response required to protect the body. If this were the case, then the ability to detect bodily harm in order to protect one's body would be maintained while at the same time eliminating the experience of actual pain. Many would say that if technology could be used in such a way, it would not lessen human dignity, for where is the dignity in having to endure the pain associated with breaking an arm or a leg or having a headache.

This example is not meant to show that it would be a good thing to eliminate pain if its advantageous side could be maintained by artificial means. It might be the case that to eliminate pain would cause severe societal problems such as causing people to behave more recklessly. This, however, is a separate consequence that is unrelated to human dignity. Similarly, in the example about the mother's grief, the ability to avoid having to experience grief may have negative societal consequences, but it is hard to see where the dignity is in enduring that painful experience.

#### **VI.B. Is there Dignity in Understanding the World in Human Terms?**

The problems with saying that there is something dignified about understanding our experiences in human terms are akin to the already mentioned problem concerning 'human dignity'. The claim that there is something dignified about understanding our experiences in human terms could be taken in one of two ways. First, it could be taken as meaning that there is something dignified about understanding our experiences in human terms, in the sense that there is something about our biological make-up that enables us to understand our experiences in ways that other species cannot, and that understanding our experiences in this way is somehow dignified. This claim rings of bare speciesism, and is most likely not the way in which the Council wants to be understood.

However, the other way in which to understand their claim is to think that since we are rational beings we are capable of understanding our experiences in a certain way that non-rational beings are not capable of, and that there is something dignified about understanding our experiences as rational beings. As we have seen, though, neither Kass nor the Council wishes to treat humans as merely rational beings, and therefore they most likely do not want the claim to be understood as meaning that there is something

dignified about understanding our experiences in terms that are intelligible to rational beings.

Furthermore, in addition to the ambiguity surrounding the Council's claim about there being something dignified in understanding our experiences in human terms, it looks as though the Council is implying that there is something less intelligible about the effects of alterations if they cannot be understood in human terms. Using the Council's own example of mood altering drugs, it is not apparent why one's understanding of a mood, altered through the use of drugs, is less intelligible than if the mood was altered by the presence of a loved one. In both cases, the person whose mood is being altered understands that their mood was altered by an outside force, the drug in the one case and the loved one in the other, but the Council appears to claim that the experience of the person whose mood was altered by the loved one is more intelligible. In neither case does the person understand what is occurring inside of their body to create the alteration in mood. Both attribute the alteration to outside forces, and it just so happens that in one case it is a human and in the other case it is a drug. If both can identify the primary outside force that is responsible for the shift in mood, why does it matter that one is a human and that one is a drug? Is one really more intelligible than the other? What if the person whose mood was altered by the drug was a neurophysiologist who understood very well what was going on in his body? Is his experience still less intelligible even though he knows the exact causal mechanisms in his body that produced the mood change? It seems that most would say that the experience is better understood by the neurophysiologist despite the fact that he does not understand the experience in what the Council would call "human terms."



The reason for pointing this out is to call into question the Council's claim that technologically facilitated alterations would cause human experiences to be increasingly mediated by unintelligible forces. Although there may be something more dignified about experiences that are more intelligible, it does not look like experiences caused by the use of technology are any less intelligible than those caused by human interaction. People could very well understand what was happening to them when they use technology to alter their bodies. They could equally understand why they were using technology to create such alterations. Just as before, what the Council is probably concerned about is not that people would fail to understand their experiences if they were mediated by technological interventions, but that people would be able to achieve positive feelings without the effort that has historically been required. Using a drug, a person would be able to achieve the same feeling that she would have if she were seeing a loved one without ever putting in the effort required to establish a meaningful relationship. If this is the case, the Council made a mistake in trying to ground its argument that there is something dignified about understanding our experiences in human terms in the claim that experiences understood in human terms are more intelligible since experiences that are mediated by technological interventions look to be equally intelligible.

## **VII. Conclusion**

It is necessary at this point to put a finger on exactly why it is that both the Council and Kass have a difficult time translating their initial revulsions about the pursuit of certain alterations, "Into sound moral judgments." According to the Council, "A common, man-on-the-street reaction to the prospects of biotechnological engineering beyond therapy is the complaint of 'man playing God'" (BT, 287). In more secular terms

the Council frames the concern as being, “The hubris of acting with insufficient wisdom” (BT, 287). It should be granted that it is not possible to completely know what the long-term and perhaps even short-term consequences of pursuing certain alterations will be. There are legitimate concerns that both the Council and Kass raise, such as those related to safety and freedom, which need to be taken into consideration before decisions are made.

As was mentioned in section VI.A, the Council’s and Kass’ primary concern seems to be that there is something valuable about our way of life in that it requires effort and discipline to satisfy our desires and to achieve our goals, and that to reduce humans to passive, unemotional machines through the unrestricted pursuit of technology to create alterations would lessen human dignity. In raising this concern, they fail to provide a satisfactory account of why we would choose to pursue and use the alterations they are warning against if we do in fact value our current effort filled way of life.

Putting aside for the moment the case of genetically engineering children, the Council provides a weak explanation of why, in a free society, we would pursue certain alterations that would lessen our human dignity. What the Council says is that while we may not be overtly forced to use and pursue these alterations, we will be subtly forced to use them through peer pressure and the desire to conform. In providing this explanation the Council could be saying one of two things. First, they could be saying that people will be unaware of the fact that pursuing these technological alterations is a threat to our human dignity, and therefore because of both their unawareness and desire to conform people will choose to use technology to create alterations. If unawareness of the potential

harm is all the Council and Kass are worried about, then it looks like all that is needed is to inform the public about the threat to human dignity.

More likely, though, is that Kass and the Council are concerned that even if people are made aware of the threat to human dignity they will still choose to pursue these alterations because of peer pressure. In other words, Kass and the Council believe that people are weak-willed and will be subtly coerced into pursuing these alterations despite their acknowledgement of the threat to human dignity. What Kass and the Council fail to recognize is that if people are made aware of the potential threat and still choose to pursue and use the alterations, then perhaps those people simply do not share Kass' and the Council's opinion that using technology in such a way is a threat to human dignity. Or, alternatively, perhaps they simply do not value human dignity.

If the use of technologically facilitated alterations does become widespread, then it may just be that Kass and the Council failed to accurately assess the value that people place on our current form of life. If people do choose to use technology to create alterations then it may be that the form of life that they value is not threatened by the use of technology in this way, for if they did believe that using technology to create alterations decreased the value of their current way of life it seems to be a weak explanation to think that they would use it anyway out of peer pressure.

Returning to the concept of human dignity and the source of the concern that pursuing certain alterations are a threat to it, it appears as though this particular concern indeed does stem from an initial revulsion that upon analysis turns out to be indefensible. As we have seen, both Kass and the Council advocate a sense of human dignity that is rooted in what is naturally human. Despite their attempts to show that what is naturally

human is in some way morally significant, it turns out that there is little reason to believe that it is so. The fact that what is naturally human, whatever that may be, is a product of evolution makes it very difficult to see how or why humans by merely being human should be afforded a kind of dignity that would in some way be diminished by the pursuit of technological alterations.

If what Kass and the Council are ultimately concerned with is our current form of life such that there is value in the effort and discipline required in what we currently do and that decreasing the required effort would decrease that value, then it looks as though they merely have an unwarranted fear of change. In an attempt to salvage their indefensible view they say that there is something dignified about our “naturally human way of activity,” and that this dignity would be lessened if we change our form of life by pursuing technology that would be used to alter the human body. To most people human dignity sounds worthy of preservation. However, upon analysis it is complexly unclear what either Kass or the Council mean when they speak of human dignity, and it is even less clear why it would be that if such a human dignity existed it would be lessened by the pursuit of technology to alter the human body. This being the case, it does not appear, at least according to the arguments provided by both Kass and the Council, that the threat to human dignity is a legitimate concern that needs to be considered when deciding how to proceed in the most advantageous and ethically responsible way with respect to technological alterations.

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